



A Tool for Buprenorphine Care

A series of monthly newsletters about buprenorphine treatment
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ARTICLE REVIEW

The BIV would like to highlight two recent articles whose findings hopefully have a broader impact.

[Buprenorphine Decreases the CCL2-Mediated Chemotactic Response of Monocytes](#)

Between 40% and 70% of HIV-infected people exhibit HIV-associated neurocognitive disorders even with successful combined antiretroviral therapy. Infected monocytes are the viral pathways to the central nervous system (CNS). Monocytes transmigrate across the blood brain barrier due in part to the chemokine (protein transporter) CCL2. Despite successful antiretroviral therapy, CCL2 levels remain elevated in the CNS and cognitive impairment correlates closely to the levels of CCL2 and CNS inflammation. Compared to HIV-infected nondrug users, HIV-infected opiate abusers exhibit increased CNS inflammation. Previous studies have shown that specific opioid agonist receptors can suppress monocyte migration due to chemokine transmission. The hypothesis was that buprenorphine, as an agonist, could also suppress CCL2. Indeed, buprenorphine was shown to reduce CCL2 transmission for some samples, showing an additional clinical benefit of buprenorphine that was not previously known.

[Opioid Treatment at Release From Jail Using Extended-Release Naltrexone: A Pilot Proof-of-Concept Randomized Effectiveness Trial](#)

Extended-release naltrexone (XR-NTX) is an injectable opioid receptor antagonist. As an extended-release injectable, its properties in receptor blockade (preventing opioid reinforcing effects) lasts for four weeks. A lack of availability of medication-assisted therapies in the criminal justice system and for recently-released individuals results in cycles of relapse and re-incarceration. A seminal study of NR-NTX was conducted in Russia, but its use in the United States and with a recently-incarcerated population had not been previously studied. Participants who met study criteria were offered NR-NTX within a week of release and followed up at four intervals with major measurements at the 4- and 8-week marks for opioid abstinence or usage. Results showed that XR-NTX was associated with lower opioid relapse rates among participants as compared to no treatment or treatment as usual. XR-NTX appears to be a treatment option for recently-released individuals who do not qualify or are uninterested in methadone or buprenorphine treatments.

BIV'S MONTHLY WEBINAR SERIES:

The BIV's monthly webinar series continues on Tuesday, May 12th at 1:00pm EST with the topic of be *Latest Literature in Buprenorphine Care*. Please submit questions that you would like to be addressed ahead of time to John.HardingJr@va.gov. Look for a Microsoft Outlook calendar invite to the webinar.

Previous webinars (including slides and audio) can be found on the BIV Sharepoint site [here](#).

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [Hogan Unveils Plan To Fight Heroin](#)
2. [Free, One Time Detox Help For Addicts Trying To Kick Heroin, Oxy](#)

RESEARCH UPDATE

1. Wilder C, Lewis D, Winhusen T. [Medication assisted treatment discontinuation in pregnant and postpartum women with opioid use disorder](#). Drug Alcohol Depend. 2015 Feb 19. pii: S0376-8716(15)00095-2. doi: 10.1016/j.drugalcdep.2015.02.012. [Epub ahead of print] TAKE HOME POINT: "Results from our cohort study suggest that [treatment] drop-out rates after delivery are substantially higher than during pregnancy and may be associated with duration of pre-delivery [medication-assisted therapy]."
2. West NA, Severtson SG, Green JL, Dart RC. [Trends in abuse and misuse of prescription opioids among older adults](#). Drug Alcohol Depend. 2015 Jan 31. pii: S0376-8716(15)00047-2. doi: 10.1016/j.drugalcdep.2015.01.027. [Epub ahead of print] TAKE HOME POINT: "Population rates of abuse and misuse of prescription opioids, as reported to the RADARS System Poison Center Program, were lower for older adults (aged 60+ years) than for younger adults (aged 20-59 years) throughout the 8-year time period; however, rates specific to use with suicidal intent and fatal outcomes among the older age group followed a significantly increasing linear trend."

BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA

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